SEEC FORM 23

Self-Funded Candidate's Expenditure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2021

To July Mulk in This Space Por Official Octonly

	COVER PAGE TOWN AP	ID CITY CLERK Page 1 of 4
1. CANDIDATE NAME	8.01	\$10L, C1
	MI Last 1	Suffix
<u> Jusan</u>	L 14/er	
2. CANDIDATE ADDRESS		
Street Address	City	State Zip Code
993 Hill Street	- Onistol	CT 06010
3. ELECTION DATE 4. OFFICE SOUGH	T	5. DISTRICT NUMBER
(mm/dd/yyyy)	. ()	(if applicable)
6. TYPE OF REPORT (Check One Box)	/ Council	
January 10 🗖 7th day preceding primary		emental Statement (Specify Type)
☐ April 10 ☐ 30 days following primary ☐	45 days following special election	rimary O Election
☐ July 10 ☐ 7th day preceding election	☐ Ameno	lment to (Specify Type of Report)
□ October 10		
7. PERIOD COVERED		
Beginning I	Date Ending Date	
1. /00/		
<u> 10/25/.</u>	$\frac{202}{\text{through}} \frac{12}{31/2}$	1021
8. CERTIFICATION		
I hereby certify and state, under penalties of false statement for the period covered is true.	tement, that all of the information set forth one, accurate and complete.	on this Self-Funded Candidate's
SIGNATURE OF CAMPIDATE	Susan C. Tylor PRINTED NAME OF CANDIDATE	DATE (mm/dd/yyyy)
	SUMMARY	
	COLUMN A This Period	COLUMN B Aggregate
9. Expenditures Paid by Candidate (Section A - Page 2)	831.80	2.628, 20
10. Expenditures Incurred by Candidate This Period but Not Paid (Section B - Page 3)	-0-	
11. Total Outstanding Expenditures Incurred by Candidate still Unpaid (Section B - Page 3)	-6-	
PENALTY FOR FALSE STATEMENT IS BUNISHABLE BY E.	INF NOT TO EVOLUD 61 000	

IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.

Detailed instructions for the SEEC Form 23 are available on the Commission website at www.ct.gov/seec or at the Commission's offices.

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION 55 Farmington Ave · Hartford, Connecticut 06105

NAME OF CANDIDATE	THE OF BERORE							
	TYPE OF REPORT							
Susan L. Tyler	Jan 10	•						
A. Expenses Paid by Candidate								
Name of Payce		Amount						
Bristol Republican Town Committee Street Address City	Sta	211.30 Ite Zip Code						
P.O. Box 1893 Bristo	1	7 06010						
Date of Payment Purpose of Expenditure Description 12/27/21 A-OM Ma: 1- Support for	5 Marl	Is this expenditure coordinated with more than one						
Name of Candidate (if applicable) Office Sought	,,, <u> </u>	candidate? ☐ Yes ☑ No						
		If yes, complete Section A. Addendum						
Name of Payee		Amount						
Compu Mail		295.50						
298 Captain Louis D Southin	Stat	T 06 489						
	5,7-1,	Is this expenditure						
Date of Payment Purpose of Expenditure Description 12/27/21 A-5: gn 30 Yard 5: gns Name of Candidate (6 markinghla)		coordinated with more than one candidate?						
Name of Candidate (if applicable)		☐ Yes ☐ No						
		If yes, complete Section A. Addendum						
Name of Payce		Amount						
M = 1								
Street Address City	Stat	3/0.00 E Zip Code						
298 Captain Lowis D. Southin		T 06489						
Date of Payment Purpose of Expenditure Description		Is this expenditure						
Date of Payment Purpose of Expenditure Purpose of Ex		coordinated with more than one candidate?						
Name of Candidate (if applicable) Office Sought		☐ Yes ☐ No						
		If yes, complete Section A. Addendum						
Name of Payee		Amount						
Thomaston Savings Bank Street Address		15.00						
Middle St. Bristol	State	Zip Code						
Date of Payment Purpose of Expenditure (by code) MISC Monthly Bank Cla	7575	Is this expenditure coordinated with more than one						
Name of Candidate (if applicable) Office Sought	_4~	candidate?						
Office Sought		☐ Yes ☐ No						
		If yes, complete Section A. Addendum						
SUBTOTAL Section A - This Pa	ge g	331.80						
TOTAL of additional Section A Pag		31.80						
TOTAL OF ALL EXPENSES PAID BY CANDIDA	ATE S	31.80						

EXPENDITURES

NAME OF CANDID	PATE			TYPE OF REPORT				
Susan C. Tyler		Jan						
B. Expenses Incurred by Candidate this Period but Not Paid								
Name of Creditor					Am	ount Incurred		
Street Address			City		State	Zip Code		
	- I							
Date Incurred	Purpose of Expenditure (by code)	Description				Is this expenditure coordinated with		
·						more than one candidate?		
Name of Candidate (if a	pplicable)		Office Sought			☐Yes ☐ No		
						If yes, complete		
		-				Section B. Addendum		
Name of Creditor					Am	ount Incurred		
Street Address		,, ,, , , , , , , , , , , , , , , , ,	City		State	Zip Code		
			1					
Date Incurred	Purpose of Expenditure	Description			<u> </u>	Is this expenditure		
	(by code)	•				coordinated with		
Name of Cardidate //C	2: 213				***	more than one candidate?		
Name of Candidate (if ap	рисавіе)		Office Sought			☐Yes ☐ No		
						If yes, complete Section B. Addendum		
Name of Creditor					Am	ount Incurred		
					Am	ount incurred		
Court Address	<u> </u>							
Street Address			City		State	Zip Code		
Date Incurred	Purpose of Expenditure	Description			<u></u>	Is this expenditure		
	,,,,					coordinated with more than one		
Name of Candidate (if ap	plicable)	<u>,</u>	Office Sought			candidate?		
						Yes □ No If yes, complete		
						Section B. Addendum		
Name of Creditor		<u> </u>			Amo	ount Incurred		
Street Address			City		State	Zip Code		
Data Innues d	D. CT. C.	I		<u> </u>		<u> </u>		
Date Incurred	Purpose of Expenditure	Description				Is this expenditure coordinated with		
		<u> </u>				more than one candidate?		
Name of Candidate (if app	plicable)		Office Sought			□Yes □ No		
						If yes, complete		
						Section B. Addendum		
			SUBTOTAL Section B - This I	Page	0-			
	To produce the second	TC	OTAL of additional Section B P	ages	0-			
TOTAL O	F ALL EXPENSES	INCURRED BY CAN	NDIDATE DURING THIS PER	RIOD				
BUT NOT	PAID		(Enter total on Line 10 of Cover	1	0-			
	P	revious Renorted Fyr	penses Unpaid and Still Outstan	odina				
<u> </u>					0-	-		
ТО	TAL OF ALL EXP	ENSES INCURRED 1	BY CANDIDATE BUT NOT PA		6 0	_		
			(Enter total on Line 11 of Cover	rage)	· · · · · ·	-		